



## Communicable Disease and Epidemiology News

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- Imported Measles in King County
- Rabies Post-Exposure Prophylaxis: FAQs about Rabies PEP

### Imported Measles in King County

On August 24<sup>th</sup> a case of imported measles was confirmed in an adult who recently traveled to France. The infected person went to work while ill and visited public locations in King County before being diagnosed, resulting in opportunities for local transmission of infection. At press time, the investigation is ongoing.

Measles remains endemic in many areas of the world, including Western Europe. **Health care professionals should take extra efforts to assure that their patients, particularly those who travel outside the country, are up to date with measles immunizations.**

Measles is characterized by a prodromal illness with fever, cough, coryza, and conjunctivitis followed in 2-4 days by a maculopapular rash. The red rash usually begins on the face and spreads to the rest of the body. Measles is contagious from 1-2 days before the onset of the prodrome (usually 4 days before rash), and until 4 days after rash appearance. Clinicians should use airborne infection control precautions for persons with suspected and confirmed measles infections. **Please report suspect cases of measles to Public Health immediately at 206-296-4774 (prior to serologic confirmation) so that expedited laboratory testing can be facilitated by Public Health.** For additional information and updates, including management of measles in health care facilities, see our web page for healthcare professionals at: [www.metrokc.gov/health/providers/epidemiology/index.htm](http://www.metrokc.gov/health/providers/epidemiology/index.htm)

See also, **Preventable Measles Among U.S. Residents, 2001—2004.** August 26, 2005. 54(33);817-820  
[www.cdc.gov/mmwr/preview/mmwrhtml/mm5433a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5433a1.htm)

### Rabies Post-Exposure Prophylaxis: FAQs about Rabies PEP

**Scenario #1:** An adult man wakes to find that he is sharing his bed with a live bat, and is bitten on the hand when he tries to shoo it out of the bed. The man kills the bat and brings it to a local emergency department. Because the bat is available for testing, rabies post-exposure prophylaxis (PEP) can be administered if necessary, pending the results of rabies tests on the bat at the Public Health Laboratory. Although only a small proportion of bats test positive for rabies, this one is positive.

**Scenario #2:** A man is bitten on the hand by a racoon-sized animal that jumps out of the garbage can when the man goes to empty his trash. The man can not locate the animal. Because a bite by a wild terrestrial carnivore cannot be assumed to not have rabies, and the animal is

not available for observation or testing, rabies PEP is recommended.

### Rabies PEP Recommendations

In Washington State, the primary reservoir of rabies is bats, and bats carrying rabies have been found in every county. It is especially important to capture and test bats that are suspected of having contact with humans to avoid unnecessary administration of costly PEP because most bats do not have rabies. Currently, there are no known terrestrial reservoirs for rabies in Washington State, however, there is no active surveillance looking for rabies among terrestrial mammals.

In 2004, a total of 295 animal bites or bat exposures were reported to Public Health-Seattle & King County (please report animal bites by calling 206-296-4774). Two hundred twenty-three of these bites or bat exposures were classified as potential rabies exposures. Eighty-eight of these exposed persons required rabies PEP; 79 because the animal could either not be tested for rabies, or could not be quarantined and monitored for signs of illness for 10 days, and nine because the animal tested positive for rabies (all positive animals were bats).

### Frequently Asked Questions about Rabies PEP

- **What is the schedule for rabies PEP?** In the US, rabies PEP consists of one dose of rabies immune globulin (RIG) and five doses of rabies vaccine over a 28-day period (in people who have never had rabies vaccine before). Rabies immune globulin and the first dose of rabies vaccine are given as soon as possible after exposure. Additional doses of rabies vaccine are given on days 3, 7, 14, and 28 after the first vaccination. RIG is administered by weight of the patient (20 IU/kg) and should be infiltrated as much as possible at the site of exposure. The remaining volume should be given IM, at a location distal to the site of vaccine administration. Please note that administration of rabies PEP is reportable to Public Health within three working days by calling 206-296-4774.
- **If a patient missed the second (day 3) dose of PEP, what should be done about subsequent doses?** Rabies vaccine should be administered following the recommended schedule precisely. If a dose is missed, do not omit any doses. Resume the schedule maintaining the recommended intervals from the time the series was resumed (i.e. the 3<sup>rd</sup> dose would be four days after the missed dose is administered, not 7 days after the initial dose).

- **What about patients bitten in other countries?** In general, anyone bitten by a wild animal in a country where rabies is endemic should receive PEP.
- **A person was bitten a year ago and now asks if rabies is a concern.** Since the reported incubation period for rabies ranges from 9 days to 7 years, all rabies exposures should receive PEP regardless of the time since the exposure.
- **Where can my patient obtain the first dose of rabies vaccine and RIG?** Many primary care sites (including Public Health clinics) do not normally carry RIG, therefore persons needing rabies PEP are usually referred to a hospital emergency department in order to begin the series. Hospital EDs should be contacted before referring your patient to ensure that RIG and rabies vaccine are in stock.
- **Can primary care clinicians administer follow-up doses of rabies vaccine to their patients?** Rabies vaccine in single dose vials is readily available from most pharmaceutical distributors who carry vaccines and can often be delivered overnight. In addition, the rabies vaccine RabAvert can be ordered directly from the manufacturer, Chiron at 1-800-244-7668. Other sources for rabies vaccine include five Safeway Pharmacies in King County (contact David Williams, Pharmacy Care Manager with Safeway, at 425-455-6417), and Public Health Travel Clinics (call ahead to ensure availability-Auburn 206-296-8414; Downtown 206-296-4960 or Northshore 206-296-9816). Please note: Public Health Travel Clinics are not currently able to bill insurance, so patients will have to pay for treatment.
- **My patient’s insurance company does not cover routine vaccinations, and the cost of the vaccine is prohibitive for my patient. Where can I send them?** Because rabies vaccine when administered as PEP is a *treatment* for a disease exposure rather than a routine vaccination, it is often covered by medical insurance. It may be necessary for the patient to obtain pre-approval from their insurance company. Billing codes which may optimize reimbursement for rabies PEP include CPT® code = 90675 (rabies vaccine, for intramuscular use), and ICD-9 code = V01.5 (contact

with or exposure to communicable diseases, specifically rabies).

- **What animals are generally not considered a concern for rabies in Washington State?** Wild and pet rats, mice, squirrels, hamsters, gerbils, and rabbits. The bite wound should be cleaned well, and Td should be administered if the person has not received a tetanus booster within 5 years.

- **What other rabies resources are available?**  
**Rabies exposure assessment and rabies vaccine information for clinicians:**  
[www.metrokc.gov/HEALTH/providers/epidemiology/rabiesqa.htm](http://www.metrokc.gov/HEALTH/providers/epidemiology/rabiesqa.htm)  
**Decision Trees to Assess When a Person Needs Rabies Post-Exposure Prophylaxis:**  
[www.metrokc.gov/HEALTH/providers/epidemiology/rabies/section6.htm](http://www.metrokc.gov/HEALTH/providers/epidemiology/rabies/section6.htm)  
**Rabies Prevention in Washington State: A Guide for Practitioners:**  
[healthlinks.washington.edu/nwcphp/rabies/](http://healthlinks.washington.edu/nwcphp/rabies/)

**Disease Reporting**

AIDS/HIV ..... (206) 296-4645  
STDs..... (206) 731-3954  
TB ..... (206) 731-4579  
All Other Notifiable Communicable Diseases (24 hours a day) ..... (206) 296-4774  
Automated reporting line for conditions not immediately notifiable ..... (206) 296-4782

**Hotlines**

Communicable Disease ..... (206) 296-4949  
HIV/STD ..... (206) 205-STDS

**Public Health-Seattle & King County Online Resources**

Home Page: [www.metrokc.gov/health/](http://www.metrokc.gov/health/)  
The **EPI-LOG**: [www.metrokc.gov/health/providers](http://www.metrokc.gov/health/providers)  
**Communicable Disease listserv (PHSKC INFO-X) at:** [mailman.u.washington.edu/mailman/listinfo/phskc-info-x](mailto:mailman.u.washington.edu/mailman/listinfo/phskc-info-x)  
**West Nile Virus Updates and Current Testing Guidelines:**  
[www.metrokc.gov/health/westnile/advisories.htm](http://www.metrokc.gov/health/westnile/advisories.htm)

Reported Cases of Selected Diseases, Seattle & King County 2005				
	Cases Reported in July		Cases Reported Through July	
	2005	2004	2005	2004
Campylobacteriosis	33	20	180	141
Cryptosporidiosis	4	4	51	16
Chlamydial infections	404	292	3,316	2,963
Enterohemorrhagic E. coli (non-O157)	1	0	5	0
E. coli O157: H7	1	7	12	18
Giardiasis	13	8	73	73
Gonorrhea	154	68	984	651
Haemophilus influenzae (cases <6 years of age)	0	0	2	2
Hepatitis A	0	1	12	6
Hepatitis B (acute)	2	1	15	15
Hepatitis B (chronic)	70	42	383	355
Hepatitis C (acute)	1	1	5	5
Hepatitis C (chronic, confirmed/probable)	85	134	732	754
Hepatitis C (chronic, possible)	26	34	254	210
Herpes, genital (primary)	54	62	463	438
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	49	35	293	248
Measles	0	0	0	6
Meningococcal Disease	1	2	12	11
Mumps	0	0	1	0
Pertussis	21	14	155	130
Rubella	0	0	1	0
Rubella, congenital	0	0	0	0
Salmonellosis	16	20	126	124
Shigellosis	5	5	35	36
Syphilis	19	17	89	70
Syphilis, congenital	0	0	0	0
Syphilis, late	3	4	44	39
Tuberculosis	7	18	64	85

The *Epi-Log* is available in alternate formats upon request.